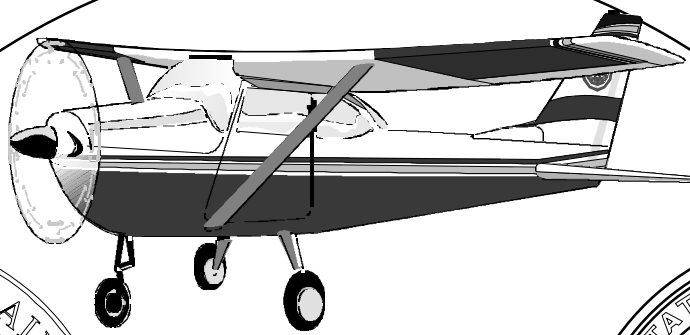


CIVIL AIR PATROL OPERATIONS



EVALUATION GUIDE

**CIVIL AIR PATROL OPERATIONS
EVALUATION GUIDE**

TABLE OF CONTENTS

<u>SUBJECT/SECTION</u>	<u>PAGE</u>
EVALUATION GUIDANCE	iii thru vii
MISSION SCORE SHEET	viii
WING RESOURCE INFORMATION SHEET	ix
EVALUATION SCENARIO	x
AIRCRAFT/VEHICLE INSPECTION CHECKLISTS	xi thru xiii
MISSION COORDINATOR/CAP INCIDENT COMMANDER	1-1 thru 1-5
SAFETY OFFICER	2-1 thru 2-2
INFORMATION OFFICER	3-1
CHAPLAIN	4-1 thru 4-2
ICS LIAISON OFFICER	5-1 thru 5-2
OPERATIONS SECTION CHIEF	6-1 thru 6-2
AIR BRANCH DIRECTOR	7-1 thru 7-3
AIRCREWS	8-1 thru 8-3
AIR SUPPORT GROUP SUPERVISOR	9-1 thru 9-2
GROUND BRANCH DIRECTOR	10-1 thru 10-2
GROUND TEAMS	11-1 thru 11-2
LOGISTICS SECTION CHIEF	12-1 thru 12-2
COMMUNICATIONS UNIT LEADER	13-1 thru 13-2
FINANCE/ADMINISTRATION SECTION CHIEF	14-1
PLANNING SECTION CHIEF	15-1 thru 15-2
COUNTERDRUG PROGRAM	16-1 thru 16-3

EVALUATION GUIDANCE

1. GENERAL. This evaluation guide has been coordinated with CAP and CAP-USAF. It will be used to conduct SAR, DR, and CD evaluations and is designed to measure the effectiveness of the wing's operations capabilities. Required evaluations will be used to identify areas needing additional emphasis and training. Although this guide was written to be as comprehensive as possible, the liaison region has the flexibility to adjust the guide to meet the requirements of the wing being evaluated. This guide primarily encompasses the guidance found in CAPR's 50-15, 55-1 and 60-1. Some items in this guide do not have a specific reference to a current publication, but are consistent with sound judgment and employment of CAP resources.

2. TRAINING. Training should be conducted on a continuing basis. Training of personnel during annual operations evaluations is encouraged and may be conducted as long as it is not detrimental to the evaluation. A qualified CAP member **MUST** be responsible for each functional area and must serve as head of that function.

3. RATINGS. Liaison Regions will make a subjective evaluation of each area and award a corresponding rating. CAP-USAF Liaison Regions will use the following definitions when awarding these ratings:

a. **OUTSTANDING (O):** Performance or operation far exceeds mission requirements. Procedures and activities are carried out in a far superior manner. Resources and programs are very efficiently managed and are of exceptional merit. Few if any deficiencies exist.

b. **EXCELLENT (E):** Performance or operation exceeds mission requirements. Procedures and activities are carried out in a superior manner. Resources and programs are very efficiently managed and relatively free of deficiencies.

c. **SATISFACTORY (S):** Performance or operation meets mission requirements. Procedures and activities are carried out in an effective and competent manner. Resources and programs are efficiently managed. Minor deficiencies may exist but do not impede or limit mission accomplishment.

d. **MARGINAL (M):** Performance or operation does not meet some mission requirements. Procedures and activities are not carried out in an efficient manner. Resources and programs are not efficiently managed. Deficiencies exist that impede or limit mission accomplishment.

e. **UNSATISFACTORY (U):** Performance or operation does not meet mission requirements. Procedures and activities are not carried out in an adequate manner. Resources and programs are not adequately managed. Significant deficiencies exist that preclude or seriously limit mission accomplishment or endanger personnel or resources.

e. **NOT EVALUATED (NE):** Areas not applicable to the specific exercise or functional areas which the evaluator could not adequately evaluate. Please include comments when sections, or major portions of individual sections in the evaluation are not evaluated.

4. INDIVIDUAL ITEM GRADES. Any item marked "U", "M", or "NO" requires comments from the evaluator. Evaluators are highly encouraged to include remarks describing "Outstanding" ratings. A written reply from the wing, with corrective actions, will be required for functional areas receiving less than a satisfactory rating.

5. SPECIAL INSTRUCTIONS/REQUIREMENTS. Prior to a scheduled evaluation, the liaison region must send an **Evaluation Notice Letter** at least 45 days in advance to the respective wing, and an information copy to the liaison office, detailing any special instructions or requirements for the evaluation. These instructions must be followed carefully. Non-compliance could result in a lower overall rating. Following the evaluation, the CAP-USAF Liaison Region will prepare a report. This report will include as a minimum: the Mission Score Sheet, the Wing Resource Information Sheet, all completed Aircraft or

Vehicle Inspection Checklists, the Mission Staff Assignment Chart, and a summary of each functional area. A copy of the report will be sent to the evaluated wing commander, wing liaison office, CAP region commander, and HQ CAP-USAF/XO.

6. WING RESOURCE INFORMATION SHEET.

Part A. The evaluated Wing will provide the Chief Evaluator a current list of all Wing Resources (see page ix) not later than the day of the evaluation. Also include a list of all **state and local Memorandum of Understanding(s) (MOU) or Agreements with outside agencies. Include the effective date of each MOU/Agreement.**

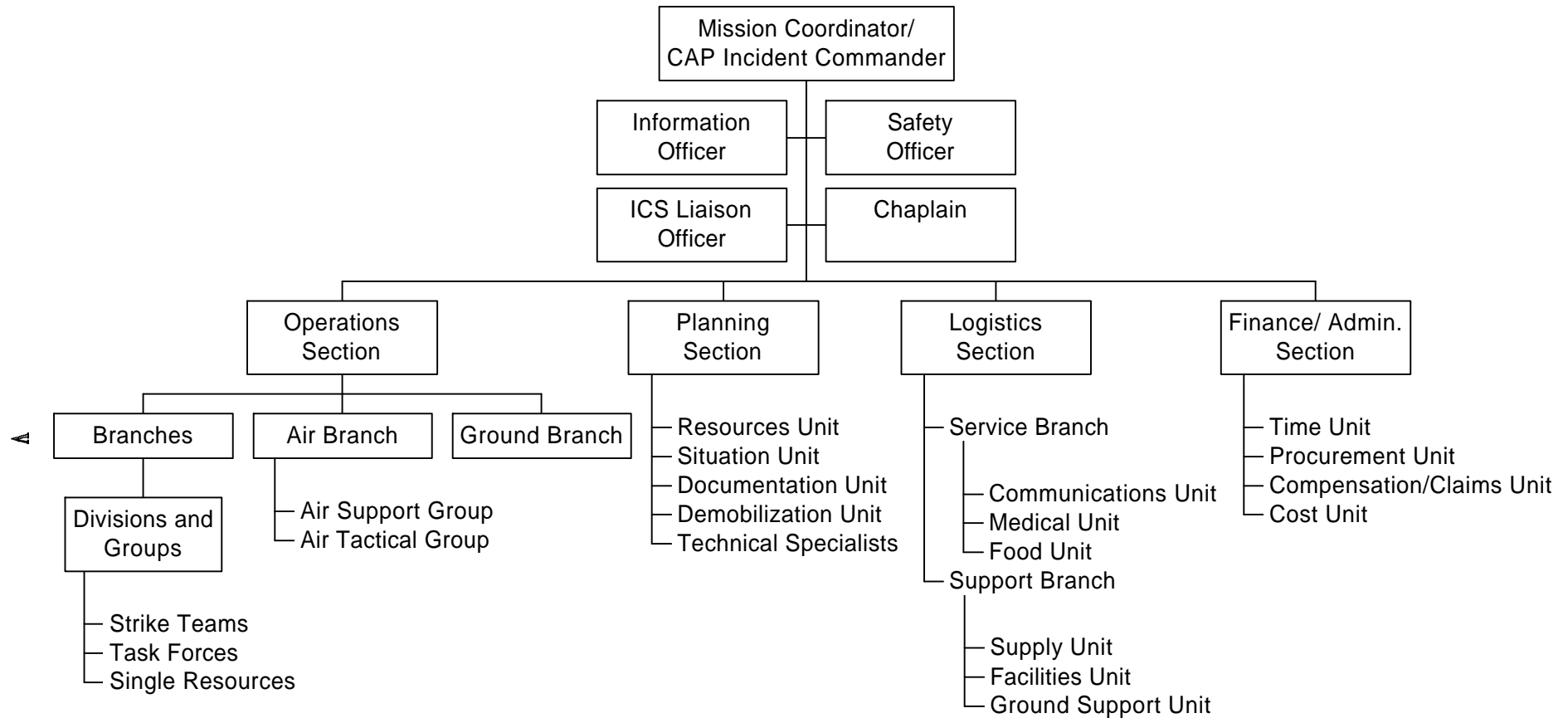
Part B. Fill out information requested, on the day of the evaluation, for **each Mission Base** established in support of this evaluation. Evaluators will summarize all Mission Bases and include this information at the end of the scenario description.

7. "MEASURES OF SUCCESS". Evaluators should attempt to include some measurement of success in their report of the evaluated CAP Wing. Some examples of measurement are: How effective was the initial "hasty" search plan? How effective was the Incident Action Plan? Were risks identified in the risk management assessment mitigated? What percentage of targets were found by exercise aircrews? How long did it take to detect/find exercise ELT beacons? How effective were damage assessments? How effective were counterdrug missions?

8. COUNTERDRUG ASSESSMENT. In addition to performing typical CD mission taskings (examples: agent/evidence transportation, marijuana field searches, etc.) the wing's CD program will be evaluated by a review of its operations plan and mission records. The liaison region commander has complete latitude on how this will be accomplished in his/her region. For example, instead of being conducted during the normal SAR/DR evaluation process, the liaison region commander has the option of conducting the CD mission paperwork review during a staff assistance or other wing visit. In addition, the flying portion of the CD evaluation can be conducted during an actual CD mission or during a separately scheduled flying event. Wing CD officers must be prepared for a thorough review of all their mission paperwork as well as being able to show an accounting of how all 15 percent admin funds were spent. Additional information can be found in the CD section beginning on page 16-1 of this guide.

NOTE: The reverse sides of pages 1-1 through 16-3 are reserved for evaluator comments and recommendations. These pages are designed for out-briefing comments and should not be released to the evaluated CAP wing. A written summary of these "comment pages" should be included in the evaluation Report to the CAP wing.

9. MISSION STAFF ASSIGNMENT CHART. Fill in the name(s) of qualified individuals assigned to each of the following positions on the next page (Please note that all positions do not have to be filled. Organization elements are activated as needed):



KEY MISSION PERSONNEL

NOTE: Only positions required by the mission must be filled.

<u>Position</u>	<u>Name & Grade</u>
Mission Coordinator/CAP Incident Commander	_____
Deputy MC/CAP IC	_____
Information Officer	_____
Deputy Information Officer	_____
Safety Officer	_____
Deputy Safety Officer	_____
ICS Liaison Officer	_____
Deputy ICS Liaison Officer	_____
Chaplain	_____

Operations Section

Operations Section Chief	_____
Deputy Operations Section Chief	_____
Air Branch Director	_____
Deputy Air Branch Director	_____
Air Support Group Supervisor	_____
Air Tactical Group Supervisor	_____
Ground Branch Director	_____
Deputy Ground Branch Director	_____
Division/Group Supervisor	_____

Planning Section

Planning Section Chief	_____
Deputy Planning Section Chief	_____
Resources Unit Leader	_____
Resources Unit Manager	_____
Situation Unit Leader	_____
Situation Unit Manager	_____
Documentation Unit Leader	_____
Documentation Unit Manager	_____
Demobilization Unit Leader	_____
Demobilization Unit Manager	_____
Technical Specialist	_____

Logistics Section

Logistics Section Chief	_____
Deputy Logistics Section Chief	_____
Service Branch Director	_____
Deputy Service Branch Director	_____
Communications Unit Leader	_____
Communications Unit Manager	_____
Medical Unit Leader	_____
Medical Unit Manager	_____
Food Unit Leader	_____
Food Unit Manager	_____
Support Branch Director	_____
Deputy Support Branch Director	_____
Supply Unit Leader	_____
Supply Unit Manager	_____
Facilities Unit Leader	_____
Facilities Unit Manager	_____
Ground Support Unit Leader	_____
Ground Support Unit Manager	_____

Finance/Administration Section

Finance/Administration Section Chief	_____
Deputy Finance/Administration Section Chief	_____
Time Unit Leader	_____
Time Unit Manager	_____
Procurement Unit Leader	_____
Procurement Unit Manager	_____
Compensation/Claims Unit Leader	_____
Compensation/Claims Unit Manager	_____
Cost Unit Leader	_____
Cost Unit Manager	_____

MISSION SCORE SHEET

WING: _____

OVERALL WING RATING: _____

MISSION BASE LOCATION: _____ DATE: _____

SECTION SUMMARY	RATING
1. MISSION COORDINATOR/CAP INCIDENT COMMANDER	_____
2. SAFETY OFFICER	_____
3. INFORMATION OFFICER	_____
4. CHAPLAIN	_____
5. ICS LIAISON OFFICER	_____
6. OPERATIONS SECTION CHIEF	_____
7. AIR BRANCH DIRECTOR	_____
8. AIRCREWS	_____
9. AIR SUPPORT GROUP SUPERVISOR	_____
10. GROUND BRANCH DIRECTOR	_____
11. GROUND TEAMS	_____
12. FINANCE/ADMINISTRATION SECTION CHIEF	_____
13. LOGISTICS SECTION CHIEF	_____
14. COMMUNICATIONS UNIT LEADER	_____
15. PLANNING SECTION CHIEF	_____
16. COUNTERDRUG PROGRAM	_____

WING RESOURCE INFORMATION SHEET

PART A. (To be filled out by the CAP Wing **PRIOR** to the evaluation.)

The following information is for _____ CAP Wing, as of _____

	<u>SAR/DR</u>	<u>CD</u>
Number of Ground Teams:	_____	
Number of <u>qualified</u> Mission Coordinators:	_____	
Number of <u>qualified</u> Mission Pilots:	_____	_____
Number of <u>qualified</u> Mission Observers:	_____	_____
Number of <u>qualified</u> Mission Scanners:	_____	_____

Number of Corporate Aircraft:		_____
Number of Other Aircraft:		_____
Number of Vehicles, excluding trailers:		_____
Current state/local MOUs and effective date:	_____	

PART B. MISSION BASE INFORMATION (To be filled out **DURING** the evaluation)

Mission Base: _____

Number of Senior Members participating: _____

Number of Cadets participating: _____

Total number of Aircraft at location: _____

 Corporate aircraft: _____

 Member owned aircraft: _____

Number of Corporate Vehicles at this location: _____

Weather conditions: _____

Actual Media coverage: _____

EVALUATION SCENARIO

BRIEF DESCRIPTION:

[illegible]

MISSION BASE TOTALS:

Base #1

Base #2

Base #3

Base #4

Senior Members participating:

Cadets participating:

Total Acft/Corp Acft at this base:

Corporate Vehicles at this base:

CAP AIRCRAFT INSPECTION CHECKLIST

Wing: _____	Date/Tach Time Last 50-Hour Insp/Oil Change: _____
Tail #: _____	Date/Tach Time @ Last 100-Hour Insp: _____
Make/Model/Year: _____	Date/Tach Time @ Last Annual Insp: _____
Tach Time: _____	

INSPECTION ITEM (installed/serviceable/current ⇌)	Y	N	REMARKS/DISCREPANCY
1. Aircraft Records			
a. Aircraft Logbooks- 50-Hour Insp/Oil Change, 100-Hour Insp. Annual Insp, & Airworthiness Directives (AD) compliance listing current (Ref: FAR 91.417)			
b. Equipment List (CAP Form 37) matches equipment installed			
-- Instrument Requirements			
c. Altimeter system current – entry in logbook (24 mo. Ref: FAR 91.411)			
d. Pitot / Static system current – entry in logbook (24 mo. Ref: FAR 91.411)			
e. Transponder current– entry in logbook (24 mo. Ref: FAR 91.413)			
f. VOR Operational Check – IFR only (30 days. Ref: FAR 91.171)			
g. ELT battery current – entry in logbook (Ref: FAR 91.207)			
2. Aircraft Interior			
a. Obvious defects, leaks, corrosion, cleanliness, and condition of interior			
b. “NOT FOR HIRE” placard displayed (Ref CAPR 66-1)			
c. “MAX CROSSWIND” placard displayed (Ref CAPR 66-1)			
d. “CESSNA SEAT SLIPPAGE WARNING” placard displayed (Ref CAPR 66-1)			
e. Operating Limits / Placards (Ref: FAR 91.9)			
f. Avionics and Control Locks installed (Ref CAPR 66-1)			
g. Serviceable fire extinguisher installed (Ref CAPR 66-1)			
h. Shoulder harnesses installed (Ref: FAR 91.205)			
i. Carbon Monoxide Detector – serviceability, expiration date (Ref: CAPR 66-1)			
j. Cessna seat rails for cracks & wear (Ref: AD 87-20-03, Rev 2)			
k. Secondary seat stop installed (all Cessna aircraft, excluding 172R)			
l. Cargo tie-down or net installed (Ref: FAR 91.525)			
-- Required Documents in Aircraft A-R-O-W			
m. Airworthiness Certificate (Ref: FAR 91.203)			
n. Registration (Ref: FAR 91.203)			
o. Operating Handbook (Ref: FAR 91.9)			
p. Weight & Balance Data (Ref: <i>Acft Flight Manual / POH</i>)			
3. Aircraft Exterior			
a. Aircraft properly chocked, tied down, and condition of ropes			
b. Obvious defects, leaks, corrosion, cleanliness, and condition of paint			
c. Condition of prop – nicks, dents, leaks, corrosion, evidence of prop strike			
d. External Aircraft Identification Plate (Ref: FAR 45.11)			
e. CAP Seal installed on vertical stabilizer and nose cowling			
f. Brakes for leaks, wear and obvious defects (Ref: <i>Acft Service Manual</i>)			
g. Tires for proper air pressure and serviceability (Ref: <i>Acft Service Manual</i>)			
h. Engine cowling for proper fit and contour / fasteners serviceable and secure			
-- Exterior and Interior Lighting for Proper Operation			
i. Interior Overhead (flood/ dome)			
j. Landing / Taxi / Pulselite			
k. Anti-Collision Strobe (Ref: FAR 91.209)			
l. Navigation / Position (Ref: FAR 91.209)			
m. Flashing Beacon			
n. Instrument			
o. Cessna door hinge pins installed			
Inspector's Name: _____		Date: _____	

Instructions for use of the CAP Aircraft Inspections Checklist

The CAP Aircraft Inspection Checklist is designed to assist the inspector in determining the overall condition of the aircraft, as well as ensuring compliance of FAA and CAP regulations and directives.

1. Aircraft Records

Item a. Airworthiness Directive Listing in Logbook: FAR 91.417 requires the aircraft records (logbooks) to contain the current status of applicable airworthiness directives, the method of compliance, the AD number, revision date, and recurring action if required. The A&P / AI should have performed and documented all applicable ADs as part of the 100-hour or annual inspection and updated the compliance listing in the maintenance logs.

Item b. Equip List (FM 37) Matches Installed Equipment: HQ CAP requires all wings to account for equipment installed in aircraft, such as radios, on a CAPF 27. Confirm the CAPF 37 is complete and matches the type of equipment installed in the aircraft. Verifications of serial numbers is not required.

Items c, d, e, and f. INSTRUMENT REQUIREMENTS: FAR part 91.411 and 91.413 requires the altimeter, pitot static and transponder to be tested and inspected every 24 months. The inspection dates are annotated in the airframe logbook, which usually are not kept in the aircraft. The maintenance officer or unit commander controlling this aircraft can provide you the records. The VOR check is required by FAR 91.171 to be accomplished prior to the flight or within the preceding 30 days if the aircraft is to be operated under IFR. The pilot can accomplish this test by checking the VOR against a designated VOR checkpoint on the ground or by over a prominent ground point or if the aircraft has dual VORs by checking them against each other. When performing the check, the pilot should record the date, place, bearing errors and sign the log or record. The aircraft is not grounded if this check has not been performed or logged!

Item g. ELT Battery: FAR 91-207 requires the expiration date of the ELT battery be legibly marked on the outside of the transmitter and entered in the aircraft logbook. FAR 91-207 requires ELTs to be inspected during the aircraft annual inspection and this inspection be annotated in the aircraft logbook.

2. Aircraft Interior

Items b, c, and d. Not for Hire Placard / Maximum Crosswind Decal / Cessna Seat Slippage Warning Decal: Ensure these decals are properly installed and visible. These decals can be ordered through the CAP Supply Depot in Amarillo TX.

Item f. Avionics and Control Locks Installed: Ensure the avionics and control locks are installed on aircraft equipped with King Radio upgrade packages. Aircraft radio & nav radio & nav equipment are very expensive and can be easily stolen. The hole drilled in the control column for installation of the control lock should be centered to ensure the flight controls are locked in the neutral position. On many Piper aircraft, the seat belt is used to hold the flight controls in a static position vice the use of a control lock.

Item g. Fire Extinguisher: Check that one is installed and serviceable (in the correct range).

Item h. Shoulder Harness: CAPR 66-1 states that all CAP corporate aircraft will have shoulder harnesses for the pilot and co-pilot positions. Newly assigned aircraft have 90 days to get them installed and after that point the aircraft is grounded until they are installed. FAR 91.205 also requires shoulder harnesses on aircraft manufactured after July 18, 1978.

Item i. Carbon Monoxide Detectors: For safety, disposable 12- to 18-month carbon monoxide detectors will be installed in all CAP-owned aircraft. Inspect detectors for serviceability (change of indicator color) and valid expiration date. These detectors will be replaced annually.

Item j. Cessna Seat Rail Condition: The Cessna seat rails must be checked for overall condition. Check specifically for any cracks in the rails or runners. If any cracks are found or questionable defects, have an A&P mechanic inspect it for serviceability. Also, check for elongation of the holes on the rails, seat locking pin rounding, and roller washer wear.

Item k. Secondary Seat Stop Installed (All Cessna Aircraft, Excluding 172R): The secondary seat stop requirement is required for all Cessna aircraft, excluding the 172R. Cessna redesigned the seat rails on the model, eliminating the requirement. The secondary seat stop is installed on the right side of the pilot's seat (left front seat) to prevent it from sliding if the seat pin fails. The is HQ CAP mandatory equipment.

Item l. Cargo Tie-Down or Cargo Net: FAR 91.525 requires cargo to be properly secured be a safety belt or other tie-down method having enough strength to eliminate the possibility of shifting during operation. Cargo net is recommended for the cargo compartment.

CAP Form 71(E) Sep 98 (reverse)

Items m and n. Airworthiness Certificate and Registration: These items are normally kept together and mounted in a pouch attached to a sidewall of the aircraft. The Airworthiness Certificate is issued when the aircraft is manufactured, the registration is issued with a change in ownership (i.e., when HQ CAP purchased it). The Radio License is no longer required for operations inside the US.

Items o and p. Operating Handbook & Weight & Balance: FAR 91-9 requires each aircraft to have an operating handbook and displayed operating limits in the form of placards or instrument markings. Ensure the ones required for the specific aircraft you are inspecting are up-to-date (for example, has all the latest equipment added to the aircraft been reflected in the weight & balance data?). Ensure a flight manual, matching the make/model/year of the aircraft, is kept in the aircraft. Check the book for condition, i.e., loose, torn, or missing pages. Ensure the weight and balance data sheets are posted in the book.

3. Aircraft Exterior

Item a. Properly Chocked, Tie-Down Method/Condition of Ropes: All aircraft, when not being operated, are required to be properly chocked and secured. The aircraft should also be tied down at 3 points. Chains may be used providing the chain is not directly attached to the ground anchor point. This configuration will damage the wing spars because there is no flexibility during wind gusts. Nylon rope with at least 3,000 lbs. tensile strength is recommended.

Item b. Exterior Condition: HQ CAP emphasizes an aggressive aircraft corrosion prevention program and provides ACF-50 corrosion inhibitor, free to CAP units, to be sprayed on the aircraft. Note any corrosion you find. It is expensive to repair; however, it is less expensive to repair if caught early. This is the most important item to check during your inspection. The primary purpose of paint is to prevent corrosion with a secondary purpose of enhancing appearance. Therefore, look closely for corrosion, and missing or chipped paint. Units need to do touch-up painting on their aircraft and not just let them deteriorate. Corrosion can best be checked by removing an access panel on the leading edge area of the wing and visually looking for corrosion or by looking at exposed metal inside the aircraft such as under carpets. Check for cracks in the aircraft skin. If a crack is detected and has a hole drilled at the progressive end of the crack, this is OK. It is a previous repair called "stop drill" and is designed to stop the crack from progressing any further. If, however, the crack has not been stop drilled or the crack has progressed, it should be repaired. Inspect propeller, paying particular attention to nicks and evidence of stress (blade trailing edge wavy) on the propeller.

Item d. External Identification Plate: FAR 45-11 requires a fireproof plate that is etched, stamped, or engraved with the builder's name, model designation, and serial number. It must be secured to the exterior of the aircraft near the tail surfaces or adjacent or just aft of the rear-most entrance door. If the aircraft was manufactured before March 7, 1988, the plate can be attached to an accessible interior or exterior location near an entrance; however, the model designation and serial number must also be displayed on the aircraft fuselage exterior.

Item h. Engine Cowling Fit & Fastener Condition: Check the cowling for proper fit and contour. Check the condition of the fasteners holding it in place. Loose, improper, or defective fasteners or nutplates could cause the cowling to separate during flight.

Item i, j, k, l, and m. Exterior Lighting Operation: Check all lights for operation. You may do this by turning on the master switch and all lights.

Item o. Item Door Hinge Pins (Cessna): Check the door hinges for proper hinge pins. Only authorized Cessna hinge pins will be installed in CAP aircraft. Cotter pins, quick release pins, nails, etc., will not be used and are easily identifiable. For reference only, the correct part numbers are: Cessna 172 upper hinge pin – P/N 0711001-59; Cessna 172 lower hinge pin – P/N 0517019-12; Cessna 182 upper and lower hinge pin – P/N 0711038-1

Most of the items on the checklist are self explanatory. The dates and times for the aircraft's annual, 100-hour inspections, and oil changes should be in the aircraft logbooks. Tach times should be used to determine when maintenance actions are required. POC for this checklist is HQ CAP-USAF/LGM, Maxwell AFB AL (334)953-5427 or DSN 493-5427

Date: _____ Wing: _____ Vehicle License #: _____ Reg #: _____ Mileage _____

UnitAssignedTo: _____ 2wd o r 4wd: _____ Wing ID # _____ Inspector: _____

Make of Vehicle: _____ Model: _____ Color: _____ Year: _____

Static Inspection				Under Hood Inspection			
Item	Sat	Unsat	Comment	Item	Sat	Unsat	Comment
Windshield Condition				Battery Condition			
Windows Cond/Oper				Brake Fluid			
CAP Seal / Markings			Optional	Exhaust System			
CAP Forms 73/74/78				Oil Quantity			
Hi Beam Headlights				Coolant Quantity			
Low Beam Headlights				Belts/Hoses			
Tail Lights				Exterior Inspection			
Brake Lights							
Turn Signals				Item	Sat	Unsat	Comment
Emergency Flashers				Body Condition			
License Plate Light				Paint Condition			
Back Up Light				Door Operation			
Back Up Alarm				Door Condition			
Wiper Blades				Window Condition			
Wiper Operation				Window Operation			
Foot / Hand Brake				Bumper Condition			
Horn				Tire Condition			
Seats				Tire Wear (Min 1/16")			
Seatbelts				Tire Inflation			
Shoulder Harness				Driving Check			
Seat Latching							
Rearview Mirror				Take Vehicle to Highway Speed and Check for Safe and Satisfactory Operation			
Side Mirror(s)				Item	Sat	Unsat	Comment
Radio Mounts				Steering			
CAP Added Wiring				Braking			
Fire Extinguisher				Suspension			
First Aid Kit				Drive Train			
Spare Tire				Alignment			
Tire Tools							
Proof of Insurance				Trailer Inspection			
Comments:							
				Item	Sat	Unsat	Comment
				Running Lights			
				Brake Lights			
				Brake Condition			
				Hitch Condition			
				Safety Chain			
				License Current			
				Tire Condition			
				Door Latch Condition			

THIS PAGE WAS INTENTIONALLY LEFT BLANK.

MISSION COORDINATOR/CAP INCIDENT COMMANDER

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. How effective was the initial group briefing? (Factors to consider: Were the mission objective(s) clearly and succinctly communicated? Was the plan on how to achieve mission objectives described?) (CAPR 55-1, para 2-10, & 2-11)

NE U M S E O

a. Was ground and flight safety emphasized during the briefing?

NE NO.....YES

b. Did the briefing include communications frequencies and call signs?

NE NO.....YES

c. Did the briefing include guidance to preface major/critical exercise messages as "this is an exercise message"?

NE NO.....YES

d. Did the briefing include unique information about the airfield and operating area?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

e. If marshallers were to be used on the flightline, were pilots directed to follow marshallers' instructions?

NE NO.....YES

f. Did the briefing provide information bringing all mission personnel up to date on developments in the mission? (CAPR 55-1 para 2-11)

NE NO.....YES

4. How effective was the Mission Coordinator's plan of action, i.e. the initial "hasty" route search plan and overall incident action plan? (CAPR 55-1, para 4-3e)

NE U M S E O

5. Was the Mission Coordinator able to effectively utilize the space chosen for the mission base in order to facilitate the flow of traffic and maximize efficiency of the operation? (CAPR 55-1, para 4-3e)

NE NO.....YES

6. How effective were the Mission Coordinator's actions in ensuring the overall safety of mission operations?

NE U M S E O

7. Did the Mission Coordinator effectively select, brief and assign functions to the command and general staff (Information Officer, Liaison Officer, Safety Officer, Chaplain, and section chiefs)?

NE NO.....YES

a. Were all mission personnel current/qualified or supervised by a fully current/qualified person? (CAPR 55-1, para 2-7)

NE NO.....YES

8. Was the Mission Coordinator's staff able to successfully calculate a Probability of Detection problem? (National SAR Manual, 4-14)

NE NO.....YES

9. Did the Mission Coordinator maintain a log of mission activity and significant events? How thorough was the log in conveying a clear and accurate history of mission activity?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

10. Was a situation map available? Were leads posted on the map? Was the mission progress plotted on the map? (CAPR 55-1, para 4-3e)

NE NO.....YES

11. Was a mission status board available, kept current with up-to-date information, and visible to mission personnel? Did it contain the following information (as a minimum)? (CAPR 55-1, para 4-3e)

- a. Copy of CAP Form 102
- b. Hazards at the airfield, enroute, and search area (terrain, weather, towers, etc.)
- c. Weather (Current and Forecast)
- d. Base facilities and hazards (construction, congested areas, communications refueling, etc.)
- e. Airfields in the search area
- f. Base parking and taxi plan (if applicable)
- g. Communications procedures (frequencies, call signs, etc.)
- h. Mission progress and status
- i. Restricted Areas, Warning Areas, Low-Level Training Areas and Routes/etc

NE NO.....YES

12. Did the Mission Coordinator contact the controlling agency, (AFRCC, AFNSEP, state EOC, etc) periodically (every 4 hours suggested) to exchange and update mission information? CAPR 55-1, para 4-3e) (The exercise director may simulate being the controlling agency)

NE NO.....YES

13. Did the Mission Coordinator and the supported agency review and approve all news releases? If this was an RCC mission, was the news release coordinated through RCC prior to release? (CAPR 55-1, paragraph 1-6)

NE NO.....YES

14. Did the Mission Coordinator complete a CAP Form 102 in enough detail? (CAPR 55-1, para 4-3e)

NE NO.....YES

15. Did the Mission Coordinator establish contact with and effectively utilize a Chaplain if necessary to accomplish mission?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

16. Did the Mission Coordinator brief the controlling agency, summarizing daily activities, prior to 2000 hours (local) daily?

NE NO.....YES

17. Did the Mission Coordinator possess a current wing alert roster? (CAPR 55-1 para 2-2 and 2-8)

NE NO.....YES

18. Did the Mission Coordinator have a complete and current MC Kit available? (CAPR 55-1, para 2-2b)

NE NO.....YES

19. How effective was the Mission Coordinator in utilizing state and local agreements or any "Joint Agreements of Cooperation" with other wings and or regions? (Factor to consider: If search area was adjacent to another state border, was any consideration given to requesting resources from that wing?) (CAPR 55-1, paragraphs: 1-10, 2-2, 3-3 and 4-2)

NE U M S E O

20. To what extent did the Mission Coordinator initiate (or simulate) steps to bring outside agencies or other wings into the mission? (Factors to consider: pre-planning activities, ability to cooperate to solve problems, did MOUs/MOAs provide for smooth operations? Were other personnel in the mission aware of other agencies' participation?)

NE U M S E O

21. Did the Mission Coordinator demonstrate a thorough understanding of procedures required for requesting reimbursement of mission expenses? (CAPR 55-1, para 1-7; CAPR 173-3)

NE U M S E O

22. Were personnel and agencies notified of mission termination? Are reports submitted in a timely manner? Were tasking agencies notified of results? (CAPR 55-1, para 4-4 and 5-7)

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

23. Did the Mission Coordinator ensure that personnel performing mission activities had sufficient rest to safely complete their assignments? (The crew should not fly more than 8 hours during a 14-hour crew duty day. The crew duty day begins upon reporting for the CAP activity or 1 hour before start of the first flight, whichever occurs first and ends 1 hour after completion of the last flight of the day.) At least 10 hours of crew rest should be provided between duty days. (CAPR 60-1 para 2-14)

NE NO.....YES

24. How effective was the Mission Coordinator in integrating risk management into all operations at the mission base? (Factor to consider: Did the Mission Coordinator perform a risk management assessment for mission base personnel?) (CAPR 55-1 para 2-11)

NE U M S E O

25. For Disaster Relief missions, was the information required for a Tempest Rapid report provided to the wing liaison office each day? (CAPR 55-1, para 5-7)

NE NO.....YES

26. How effective was the Mission Coordinator in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

SAFETY OFFICER

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card with, as a minimum, a general ES rating? (CAPF 101)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. How effective was the Safety Officer, in conjunction with the Mission Coordinator, in implementing a risk management mechanism?

Factors to consider:

- a. Were hazards/threats identified?
- b. Were hazards/threats assessed?
- c. Were appropriate risk decisions made?
- d. Were suitable controls put in place?

NE U M S E O

4. Did the Safety Officer, in conjunction with the Mission Coordinator, ensure all participating members were briefed on 1 a, b, c and d above?

NE NO.....YES

5. Did the Safety Officer conduct and document random inspections of participating aircraft and land vehicles prior to mission execution? (Note: This is not required by the Safety Officer, but is often done as time allows, without interfering with normal operations.)

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

6. Did the Safety Officer conduct a flightline inspection prior to mission execution? Were the following potential hazards identified, assessed, and controlled?

- a. Was the ramp cleared of FOD (did the unit do a FOD walkdown)?
- b. Were proper taxi routes established and followed?
- c. Were refueling operations conducted in a safe manner?
 - Aircraft properly grounded
 - Fire extinguisher available
- d. Were unauthorized CAP vehicles operating on the flightline? Note: CAP does not often own the flightline, and therefore has very little control of unauthorized non-CAP vehicle traffic, FOD checks, taxi routes, or refueling operations.

NE NO.....YES

7. Did the Safety Officer receive safety critical information from aircrew debriefs? Were hazards identified in debriefs incorporated into the risk management mechanism?

NE NO.....YES

8. How proactive was the Safety Officer?

NE U M S E O

9. Did the Safety Officer have Mishap Report Forms (CAP Form 78) available and could he/she complete them, if required?

NE NO.....YES

10. Did the Safety Officer conduct a safety survey of the incident base or command post? Did the Safety Officer coordinate with sub-base mission coordinators when applicable to ensure safety surveys were conducted?

NE NO.....YES

11. How would you rate the safety portion of the general mission briefing?

NE U M S E O

12. Did the Safety Officer immediately notify the Mission Coordinator of any unsafe conditions or practices?

NE NO.....YES

13. How effective was the Safety Officer in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

INFORMATION OFFICER

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the Information Officer possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T) for this position? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current (performed this function at a mission base within the past 2 years)? (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did he/she prepare an accurate and effective initial news release and coordinate all news releases with the MC and the supported agency prior to release? (CAPR 55-1, paragraph 1-6)

NE NO.....YES

4. Did he/she have a list of all news media contacts made during the mission?

NE NO.....YES

5. Did he/she guide news media through the open mission operations areas to ensure non-interference with mission activities?

NE NO.....YES

6. Were timely updates made to the initial news release?

NE NO.....YES

7. Were he/she aware of guidance on situations in which a CAP aircraft or vehicle is involved in an accident?

NE NO.....YES

8. How effective was the Information Officer in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

CHAPLAIN

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the Chaplain possess a current General ES or Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T) for this position? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Chaplain receive a briefing from the Mission Coordinator and maintain contact with him/her during the mission to keep up to date on mission status?

NE NO.....YES

4. Did the Chaplain coordinate efforts with the family's clergy (if appropriate)?

NE NO.....YES

5. Was the Chaplain helping to prepare family members for the worst should authorities make a formal death notification?

NE NO.....YES

6. Did the Chaplain keep family members away from the mission base flight line and from interfering with ongoing search activities? (Note: Family members should be encouraged to stay away from the mission base, or to only have one responsible member represent the family.)

NE NO.....YES

7. Was the Chaplain concerned about the spiritual/physical needs of all mission personnel?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

8. Was the Chaplain trained and conversant in Critical Incident Stress?

NE NO.....YES

9. Did the Chaplain arrange for religious services on Sundays, Saturdays, and Holy Days?

NE NO.....YES

10. Did the Chaplain have a deputy available on site or on call for assistance?

NE NO.....YES

11. Was a private place designated for the Chaplain to offer private counseling?

NE NO.....YES

12. How effective was the Chaplain in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

ICS LIAISON OFFICER

NOTE 1: This is not the CAP wing liaison officer.

NOTE 2: Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

NOTE 3: This duty can be applicable where CAP is supporting another agency (CAP is not the overall Incident Commander) on a large mission and this position is necessary in order to coordinate CAP's involvement in the overall mission. In some cases the CAP Mission Coordinator may fill this role alone. This person may also be coordinating with agencies supporting CAP when CAP is the lead agency/overall Incident Commander.

1. Did the individual possess a current Specialty Qualification Card with, as a minimum, a general ES rating? (CAPF 101)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Liaison Officer brief the Mission Coordinator and maintain contact with him/her during the mission to keep them up to date on the mission?

NE NO.....YES

4. Did the Liaison Officer maintain a list of assisting and cooperating agencies and agency representatives?

NE NO.....YES

5. Did the Liaison Officer monitor incident operations to identify current or potential inter-organizational problems?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

6. Did the Liaison Officer participate in planning meetings and provide current resource status, including limitations and capabilities of agency resources?

NE NO.....YES

7. Did the Liaison Officer report all hazards or unsafe practices to the Safety Officer for follow-up action and hazard abatement (if applicable)?

NE NO.....YES

8. Did the Liaison Officer provide agency-specific demobilization information and requirements?

NE NO.....YES

9. How effective was the Liaison Officer in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

OPERATIONS SECTION CHIEF

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this or a similar function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

b. Did the individual have experience appropriate to the mission(s) assigned, preferably as an air or ground branch director (formerly air and ground operations director)?

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Operations Section Chief assist in the development of the operations portion of the Incident Action Plan? (CAPR 55-1, para 8-10)

NE NO.....YES

4. Did the Operations Section Chief supervise the execution of the operations portion of the Incident Action Plan?

NE NO.....YES

5. Did the Operations Section Chief maintain close contact with subordinates?

NE NO.....YES

6. Did the Operations Section Chief ensure safe operations?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

7. Were additional resources requested to support operations when necessary?

NE NO.....YES

8. Did the Operations Section Chief approve the release of resources from active assignments (not release from the incident)?

NE NO.....YES

9. Did the Operations Section Chief make or approve expedient changes to the operations portion of the Incident Action Plan as needed to improve the effectiveness of the mission?

NE NO.....YES

10. Did the Operations Section Chief maintain close communication with the Mission Coordinator?

NE NO.....YES

11. Did the Operations Section Chief report all hazards or unsafe practices to the Safety Officer for follow-up action and hazard abatement (if applicable)?

NE NO.....YES

12. Did the Operations Section Chief provide agency-specific demobilization information and requirements?

NE NO.....YES

13. How effective was the Operations Section Chief in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

AIR BRANCH DIRECTOR

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPR 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Was the Air Branch Director present for the initial briefing from the Mission Coordinator?

NE NO.....YES

4. How effectively did the Air Branch Director manage air operations? (Factor to consider: How long were mission aircraft on the ground before being turned around with another mission aircrew?)

NE U M S E O

5. Was information passed to the planning section where appropriate to update mission status boards?

NE NO.....YES

6. How effective were Air Branch personnel in planning the mission and in their utilization of resources? (Factors to consider: Would the operations planned have achieved desired POD within 24 hours of mission notification? Were aircrew and aircraft capabilities considered when assigning specific missions? I.E., was DF gear installed, was the 60 HP rule enforced, and was the aircrew assignment appropriate to the mission?) (CAPR 55-1, para 4-3)

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

7. Did the Air Branch Director coordinate with the Ground Branch Director to determine required air support? Was the effectiveness of this support discussed and/or considered during the mission?

NE NO.....YES

8. Did the Air Branch Director coordinate with the Communications Unit to ensure adequate communications capability existed?

NE NO.....YES

9. Was an aircrew briefing package prepared and posted? (Information should include: mission base, enroute and search area hazards, terrain, weather information for other airfields in the mission area, other aircraft operations (military low-level, parachute jumping, etc). Were copies provided to the Operations Section Chief and posted on the mission status board?

NE NO.....YES

10. Did the Air Branch have access to the planning section's list of all available aircrews and aircraft including those from adjoining wings (if appropriate)?

NE NO.....YES

11. Did the Air Branch keep the planning section informed so that the mission tracking board could be kept up to date with all assigned missions posted, including takeoff times, ETes, ETAs and check-ins?

NE NO.....YES

12. Was weather monitored for adverse or changing weather?

NE NO.....YES

13. Was risk management a high priority for the Air Branch Director?

NE NO.....YES

14. Did the Air Branch Director have sufficient forms available to accomplish the mission? (CAPF 104, 107, 108)

NE NO.....YES

15. Were adequate briefing/debriefing and flight planning areas set up for the aircrews?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

16. Did a CAPR 60-1 approved/trained Flight Release Officer release all flights? Were flight plans completed? (CAPFs 84; 99, CAP Flight Authorization Log; or CAPF 104) (CAPR 60-1, Chapter 5)

NE NO.....YES

17. Were aircrews adequately debriefed following the mission? Was sufficient time allowed for the aircrew to complete the CAPF 104? Were the CAPFs 104 reviewed for accuracy and completeness?

NE NO.....YES

18. Was a CAPF 107, Flight Operation Log, maintained? Were overdue aircraft identified and reported to the Operations Section Chief?

NE NO.....YES

19. Was permission obtained from the HQ CAP-USAF or the CAP-USAF liaison region (as appropriate per CAPR 60-1) prior to passengers (other than CAP and Military) flying onboard CAP aircraft, and was a CAPF 9 executed prior to the flight? (CAPR 60-1, para 2-6m & n)

NE NO.....YES

20. How effective was the Air Branch Director in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

AIRCREWS

* **NOTE:** Some items below can only be answered if an evaluator is available/able to fly with a CAP crew during the mission.

1. Did aircrews possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Were aircrews proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

b. Were pilots mountain qualified, if required? (CAPR 55-1, para 2-7 & CAPR 50-15 2-4f)

NE NO.....YES

2. Did the aircrew receive adequate crew rest prior to flight and not exceed crew duty periods? (CAPR 55-1, para 1-18 & CAPR 60-1, para 2-14)

NE NO.....YES

3. Did aircrews use and follow checklists, including crew briefing, and preflight checklists? (CAPR 55-1, para 2-12, 2-13)

NE NO.....YES

a. Did the aircraft utilized have a copy of the Pilots Operating Handbook/Aircraft Flight Manual on board and did the aircrew utilize it or an abbreviated aircrew checklist as necessary during the flight? (CAPR 60-1, para 2-1m)

NE NO.....YES

b. Did each Mission Pilot have an aircrew briefing kit containing: a CAP Form 104, CAPR 55-1, and appropriate gridded sectional charts? Were IFR enroute publications current (if used)? (CAPR 55-1 para 2-12)

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

c. During preflight inspection, did the pilot visually check oil quantity, fuel quantity, and the stall warning horn?

NE NO.....YES

4. How good was the crew briefing by the Mission Pilot on essential mission information (weather, duties, passenger briefing, terrain) prior to flight? (CAPR 50-15, attach 10 & 11; CAPR 55-1, para 2-13; CAPR 60-1, para 2-6o)

NE U M S E O

5. Did the aircrew correctly fill out all forms necessary to conduct the mission including a weight and balance computation?

NE NO.....YES

6. Did the aircrews have knowledge of and/or utilize air to ground visual signals? (CAPR 50-15, attach 10 & 11)

NE NO.....YES

7. Were air-to-ground radio communications made using standard terminology, and did they communicate the correct message? (CAPR 50-15, attach 10 & 11)

NE NO.....YES

8. How effective were aircrews in working/coordinating with ground teams? (CAPR 50-15, attach 10 & 11)

NE U M S E O

9. Did the aircrew demonstrate sound safety practices/risk management on the ground and during any flights? **Was safety a high concern of the aircrew?**

NE NO.....YES

a. Did all aircraft occupants wear seatbelts at all times? Did the occupants of seats equipped with shoulder harnesses wear them whenever the aircraft was at or below 1000' AGL? (CAPR 60-1, para 2-1 e & f)

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

b. Was a minimum airspeed (1.3 times aircraft stall speed at zero flaps and 30 degrees bank) briefed and observed? Was a minimum altitude briefed (recommended 1000' for normal search with excursion no lower than 500') and observed? (CAPR 55-1, para 1-9)

NE NO.....YES

10. Did aircrews complete a CAPF 104? Did they remain in their designated search area?

NE NO.....YES

11. Did aircrews pass critical information to the mission base or appropriate agencies during the flight and not wait until after landing?

NE NO.....YES

12. Did the aircrew demonstrate the ability to *DF an ELT* or locate a target?

NE NO.....YES

13. Were appropriate "Operations Normal" calls made?

NE NO.....YES

14. Did the pilot in command lean the engine as appropriate?

NE NO.....YES

15. How effectively did aircrews employ Crew Resource Management techniques during the flight?

NE U M S E O

16. Was carburetor heat on whenever manifold pressure or RPM was below the green arc? (Applies to some C-172 and C-182 aircraft. Pilots should follow the aircraft and engine Flight Manual guidance on use of carburetor heat.)

NE NO.....YES

17. How effective were aircrew debriefs?

NE U M S E O

18. How effective were the aircrews at overall mission accomplishment?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

AIR SUPPORT GROUP SUPERVISOR

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current General ES or Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Air Support Group Supervisor survey the airport for hazards, unique procedures, etc., to include a ramp check? Was the information made available to aircrews? Was a taxi/parking plan developed, and if so, was it briefed and posted for all aircrews?

NE NO.....YES

4. Were Flightline personnel briefed on duties and responsibilities, especially safety considerations?

NE NO.....YES

5. Were Flightline operations properly monitored and under the supervision of adequate numbers of senior members at all times? Did the marshallers wear safety vests?

NE NO.....YES

6. Were adequate numbers of fire extinguishers available and were flightline personnel trained in their use?

NE NO.....YES

7. Did flightline personnel know, understand, and use standard marshalling signals? (CAPR 50-15, attach 15)

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

8. Did the Air Support Group Supervisor coordinate his/her activities with the local fixed base operator? (parking operations, fire guard duties, flight line security, fueling, maintenance)

NE NO.....YES

9. Were wheel chocks and tie downs available and used? (CAPR 66-1, para 15)

NE NO.....YES

10. Were aircraft movements (taxi, takeoff and landing) monitored and reported to the Air Branch Director in a timely manner?

NE NO.....YES

11. Was Safety the top priority for flightline operations? Were all unsafe operations halted or corrected immediately?

NE NO.....YES

12. Did the Air Support Group Supervisor insure that appropriate personal protection equipment/clothing was provided for flightline personnel? (i.e. sun screen and bug repellent in hot climates, warm clothing for cold climates, and rain gear for inclement weather?)

NE NO.....YES

13. Were regular breaks provided? Was drinking water readily available?

NE NO.....YES

14. How effective was the Air Support Group Supervisor in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

GROUND BRANCH DIRECTOR

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Ground Branch Director ensure the SAFETY of all ground operations and monitor team make-up to ensure adequate supervision of cadet members? Were a minimum of two individuals assigned to each dispatched ground team?

NE NO.....YES

a. Were ground teams monitored for fatigue, especially if called at a late hour to begin the search?

NE NO.....YES

b. Was a risk management assessment accomplished for each ground team mission?

NE NO.....YES

4. Was information passed to the planning section to allow them to update status boards and maps?

NE NO.....YES

5. If the weather did not allow launch of aircrews, were ground teams dispatched to gather information, search suspected high probability areas, locate ELT transmissions, verify airborne sightings, etc?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

6. Did the director assist in preparing a ground team briefing package?

NE NO.....YES

7. Did the director assign ground teams to specific search areas based on their training and experience?

NE NO.....YES

8. Did the director coordinate with the communications unit to ensure adequate communications existed between the mission base(s) and all deployed ground teams?

NE NO.....YES

9. Did he/she keep the Operations Section Chief advised and make valuable recommendations regarding prosecution of the mission and the proper utilization of resources?

NE NO.....YES

10. Did the director ensure that adequate ground team briefings and debriefings were conducted?

NE NO.....YES

11. Were team leaders properly equipped and briefed on terrain, weather, specific assignments or objectives, air operations, safety, etc?

NE NO.....YES

12. Did the Ground Branch verify the accuracy and completeness of the CAPF 106 & 109, where appropriate, after each ground sortie? Was the Operations Section Chief kept informed of ground team mission results?

NE NO.....YES

13. How effective was the Ground Branch Director in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

GROUND TEAMS (If Ground Teams were not used, this area does not need to be evaluated.)

* **NOTE:** Most references are to CAPR 55-1, para 4-3g and attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did Ground Team leaders possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T), a CAP Radio Operators Authorization (CAPF 76), a valid state drivers license, and a CAP Motor Vehicle Operator ID card (CAPF 75)? (CAPR 55-1, para 2-6; CAPR 50-15, para 2-4l)

NE NO.....YES

a. Did the ground teams appear to be proficient in their qualified specialty or did a proficient and qualified individual supervise them? (CAPR 55-1 para 2-2d & para 2-7)

NE NO.....YES

b. Were the ground teams current? (performed this function during a mission within the past 2 years) (CAPR 55-1, para 2-7)

NE NO.....YES

2. Did the ground team leaders have briefing kits containing articles listed in CAPR 55-1, para 2-12 (CAPF 106 & 109, CAPR 55-1, road maps, gridded aeronautical sectional charts (if necessary), specialized briefing checklists)?

NE NO.....YES

3. Did leaders properly supervise and ensure the **safety** of all assigned team members?

NE NO.....YES

a. Did all ground team members wear seat belts/shoulder harnesses while vehicles were in motion?

NE NO.....YES

b. Was a proper vehicle inspection conducted by the team leader or other qualified member of the mission staff?

NE NO.....YES

c. Did each team member wear an orange vest while in the field?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

4. Did leaders accomplish assigned tasks and complete reports of assignments?

NE NO.....YES

5. Did team members possess current radio operator authorizations, vehicle operator permits/drivers license appropriate for the type vehicle being used, first aid training cards, etc based upon the assigned mission?

NE NO.....YES

6. While in the field, did the team maintain communications with the mission base?

NE NO.....YES

7. How effective were the ground teams in coordinating with aircrews? (Factor to consider: Did the ground teams have a basic understanding of air/ground coord. procedures, radio comm. and visual signals?)

NE U M S E O

8. How familiar were ground team personnel with electronic search techniques?

NE U M S E O

9. Were ground teams properly equipped for assigned sorties and weather conditions?

NE NO.....YES

10. Were teams knowledgeable about state and local laws, agreements, and other agencies participating in the mission?

NE NO.....YES

11. How effective were ground teams in performing their duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

LOGISTICS SECTION CHIEF

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current General ES or Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Were sufficient numbers of trained personnel available to accomplish the mission?

NE NO.....YES

4. What was the general condition of CAP corporate aircraft? (attach a completed Aircraft Inspection Checklist for each aircraft inspected.)

NE U M S E O

a. Did all CAP corporate aircraft have a functional fire extinguisher installed? (CAPR 60-1, para 2-1d, CAPR 66-1 para 11)

NE NO.....YES

b. Were all aircraft chocked and tied down? (CAPR 66-1, para 15)

NE NO.....YES

c. Did the aircraft have a standardized "Aircraft Information File" as specified in CAPR 60-1, para 2-13?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

5. What was the general condition of CAP corporate vehicles? (attach a completed Vehicle Inspection Checklist for each vehicle inspected.)

NE U M S E O

6. Did logistics make inputs into the Incident Action Plan?

NE NO.....YES

7. Did the Logistics Section Chief identify anticipated and known incident service and support requirements?

NE NO.....YES

8. Did logistics request additional resources as needed?

NE NO.....YES

9. Did logistics develop, as required, the communications, medical, and traffic plans?

NE NO.....YES

10. Did the Logistics Section Chief report all hazards or unsafe practices to the Safety Officer for follow-up action and hazard abatement (if applicable)?

NE NO.....YES

11. Did the Logistics Section Chief provide agency-specific demobilization information and requirements?

NE NO.....YES

12. Did the Logistics Section Chief maintain a current listing of all wing assets, their status, and location?

NE NO.....YES

13. How effective was the Logistics Section Chief in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

COMMUNICATIONS UNIT LEADER

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card (CAPF 101) or a Specialty Qualification Training Card (CAPF 101T)? (CAPR 55-1, para 2-6)

NE NO.....YES

- a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Was all communications equipment properly installed and grounded?

NE NO.....YES

4. Evaluate the initiation of communications operations at the mission base.

NE U M S E O

5. How effective was the communications plan? (Factors to consider: Did the mission base maintain communications with all mission aircrews and ground crews on a reasonable time schedule? Did the mission base maintain the ability to communicate with all tasking and controlling agencies on a reasonable time schedule? [Alternate means of communications may be necessary.]

NE U M S E O

6. How effective were communications with other mission bases and/or outside agencies?

NE U M S E O

7. Was adequate standby power available for communications and lighting?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

8. Evaluate Communications Unit operations. (Factors to consider: Did the Communications Unit Leader provide adequate supervision? Was a communications status board showing operational condition of frequencies and base communications equipment available and current?)

NE U M S E O

9. How effective were message management procedures? (Factors to consider: Did communication personnel maintain a message log? Were all messages delivered to the addressee immediately? Were all outgoing messages logged and accurately passed in an expeditious manner?) (CAPR 100-1, Vol 1)

NE U M S E O

10. How effective were procedures to ensure adequate management of frequencies during periods of high use/saturation? (Factor to consider: Did communications personnel establish priorities to control the flow of information?)

NE U M S E O

11. At mission conclusion, did communications personnel adequately secure the operations facility and restore the area to normal operations?

NE NO.....YES

12. Were only authorized frequencies used? (CAPR 100-1 Vol 1, table 9-1) Were prior arrangement made with affiliated agencies to share frequencies, if required?

NE NO.....YES

13. How effective was the Communications Unit Leader in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

FINANCE/ADMINISTRATION SECTION CHIEF

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card with, as a minimum, a general ES rating? (CAPF 101)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Were all personnel signed in and a method established to ensure that all personnel could be accounted for? Were the qualifications and credentials of all personnel checked and verified?

NE NO.....YES

a. Were all aircraft and vehicles signed in?

NE NO.....YES

b. Were appropriate costs tracked and analyzed throughout the mission?

NE NO.....YES

4. To what extent did the Finance/Administration Section Chief monitor and assist with the preparation and timely submission of required reports from all mission base functions?

NE U M S E O

5. Did the Finance/Administration Section chief track mission expenditures? Did he/she advise the MC when operational expenses approached mission spending limits?

NE NO.....YES

6. How effective was the Finance/Administration Section Chief in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

PLANNING SECTION CHIEF

* **NOTE:** Most references are to CAPR 55-1, attach 3, unless otherwise noted. Some items do not have a reference, but the actions they prescribe are consistent with sound judgement and proper employment of CAP resources.

1. Did the individual possess a current Specialty Qualification Card with, as a minimum, a general ES rating? (CAPF 101)

NE NO.....YES

a. Was the individual proficient and current? (performed this function at a mission base within the past 2 years) (CAPR 55-1, para 2-2d & 2-7)

NE NO.....YES

2. How would you rate the availability and use of a functional area checklist?

NE U M S E O

3. Did the Planning Section Chief supervise preparation of the Incident Action Plan?

NE NO.....YES

4. Did the Planning Section Chief conduct and facilitate planning meetings?

NE NO.....YES

5. Did the Planning Section Chief establish information requirements and reporting schedules for planning? (NOTE: This may not be possible due to evaluation time-frame constraints.)

NE NO.....YES

6. Did the Planning Section Chief determine the need for specialized resources to support the incident?

NE NO.....YES

7. Did the Planning Section compile information on alternative strategies and contingency plans?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

8. Did the Planning Section Chief provide periodic predictions on incident resolution potential?
(NOTE: Predictions are difficult to provide during short shifts, and normally only one report per shift occurs.)

NE NO.....YES

9. Did the Planning Section compile and update mission status boards?

NE NO.....YES

10. Did the Planning Section Chief oversee preparation of the Demobilization Plan?

NE NO.....YES

11. Did the Planning Section Chief incorporate traffic, medical, and communications plans, into the overall Incident Action Plan?

NE NO.....YES

12. Did the Planning Section Chief report all hazards or unsafe practices to the Safety Officer for follow-up action and hazard abatement (if applicable)?

NE NO.....YES

13. Did the Planning Section Chief provide agency-specific demobilization information and requirements?

NE NO.....YES

14. How effective was the Planning Section Chief in performing his/her duties?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

COUNTERDRUG PROGRAM

NOTES: All references are to CAPR 55-1, Chapter 7, the CAP Wing Assessment Guide, and the CD Operations Handbook. In addition to performing typical CD mission taskings, (examples: agent/evidence transportation, marijuana field searches, etc.), the wing's CD program will be evaluated by a review of its operations plan and mission records. The liaison region commander has complete latitude on how this will be accomplished in his/her region. For example, instead of being conducted during the normal SAR/DR evaluation process, the liaison region commander has the option of conducting the CD mission paperwork review during a staff assistance or other wing visit. In addition, the flying portion of the CD evaluation can be conducted during an actual CD mission or during a separately scheduled flying event. Wing CD officers must be prepared for a thorough review of all their mission paperwork as well as being able to show an accounting of how all 15 percent admin funds were spent.

1. How complete was the wing's overall CD operations plan? How thorough was the guidance the wing put out to its CD mission aircrews on how to properly plan, execute, and document missions?

NE U M S E O

2. Were sufficient records kept/was a specific plan in place to ensure the wing's aerial marijuana search, clandestine airfield, and airport survey CD missions are productive and not simply flown to/over the same areas time and time again?

NE NO.....YES

REFER TO THE CAPFs 84 AND OTHER MISSION DOCUMENTATION WHEN ANSWERING THE REMAINING ITEMS.

3. Were all CD missions only flown at the direction of the responsible Customs, DEA, or other Federal-authorizing agency?

NE NO.....YES

4. How well were the CAPFs 84, Counterdrug Flight/Mission Plans, filled out? (Factors to consider: Did they include mission requester name/phone number? FRO? A list of specific mission results?)

NE U M S E O

5. Were specific mission results passed to the appropriate customer (identified at the top of the form) and the name/date entered on the bottom of the CAPF 84?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

6. Did a qualified flight release officer properly release CD missions?

NE NO.....YES

7. Were training missions only flown after proper request and approval via a CAP Form 10 IAW CAPR 50-15 procedures? (Training missions can not be performed under an actual mission number.)

NE NO.....YES

8. Did CD transportation missions adhere to the 500 mile maximum HQ CAP/DOC restriction?

NE NO.....YES

9. Were only CD certified mission aircrew members and authorized passengers allowed to fly on CD missions? Had prisoners been specifically prohibited from flying in CAP aircraft?

NE NO.....YES

10. Did the wing CD officer ensure non-transportation/non-communications platform missions adhered to HQ CAP/DOC guidance by requiring a crew compliment of at least a pilot and observer?

NE NO.....YES

11. Did the wing use twin-engine aircraft to accomplish its CD mission only when mission requirements dictated?

NE NO.....YES

12. Was the CDO ensuring that the percentage of private aircraft use did not exceed the 12 percent national historical average? If not, could the wing defend the use of private aircraft?

NE NO.....YES

13. Did the CDO try to have as many different crews fly CD missions as possible?

NE NO.....YES

14. Did mission documentation support the fact that the wing is complying with posse comitatus restrictions?

NE NO.....YES

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.

15. How well were the 15 percent admin fees tracked? (Factors to consider: Was a complete accounting of all funds available? Did expenditures from the admin fees comply with guidance found in CAPR 173-3?)

NE U M S E O

16. How well did the mission staff plan, supervise, and manage the assigned CD mission taskings as part of this evaluation?

NE U M S E O

17. How well did the aircrews perform the CD mission taskings as part of this evaluation?

NE U M S E O

18. Did the wing make periodic checks of the list of counterdrug qualified members and effectively purge the list as needed?

NE NO.....YES

19. How effective were the wing's methods to measure/track CD program success by directly relating missions to quantity/value of drugs taken off the street, agents and evidence transported, hours of communications relay (to support CD task forces) provided, etc., rather than simply the number of CD hours flown?

NE U M S E O

20. How well was the wing counterdrug officer performing the duties and responsibilities of his/her position?

NE U M S E O

21. What was the overall effectiveness of the wing's counterdrug program?

NE U M S E O

FUNCTION EVALUATED:

NOTE: Comments should correspond with appropriate checklist number.

COMMENTS SUPPORTING “OUTSTANDING” RATINGS:

COMMENTS SUPPORTING “NO” ANSWERS OR “U” / “M” RATINGS:

INSTRUCTIONS: PRINT CLEARLY. CLEAR, CONCISE COMMENTS ARE IMPORTANT. Comments supporting “Outstanding”, “U” / “M” ratings, or “NO” answers are required.